



2611

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

**PATENT APPLICATION**

Applicants: **Christopher W.B. Goode et al**  
Serial No.: **09/697,269**  
Examiner: **Nalevanko, Christopher R.**  
Filed: **October 26, 2000** Group Art Unit: **2611**  
Confirmation #: **7527** Case: **DIVA/002-CP2DV1**  
Title: **SYSTEM FOR INTERACTIVELY DISTRIBUTING INFORMATION SERVICES**

Mail Stop - Amendment  
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**RESPONSE UNDER 37 C.F.R. §1.111**

In response to the non-final Office Action mailed May 27, 2004 (Paper No. 3), please consider the above-identified patent application as follows.

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<u>8/23/04</u> Date	<u>Carol Wilson</u> Carol Wilson



PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/697,269
	Filing Date	10/26/00
	First Named Inventor	Goode
	Art Unit	2611
	Examiner Name	Christopher R. Nalevanko
Total Number of Pages in This Submission	Attorney Docket Number	TVG/002 CP2DV1

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing - 1 Replacement Sheet- FIG. 8  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Eamon J. Wall, Reg. No. 39,414 Moser, Patterson & Sheridan, LLP		
Signature	<i>E. J. Wall</i>		
Date	8/25/04		

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